EDWARD SNYDER MEMORIAL NURSING HOME

1104 21ST STREET

REEDSBURG 53959 Phone: (608) 524-6487		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	49	Average Daily Census:	50

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No				응		16.3
Supp. Home Care-Personal Care	No			1			49.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	•	0.0		18.4
Day Services	No	Mental Illness (Org./Psy)	32.7	65 - 74	6.1		
Respite Care	No	Mental Illness (Other)	8.2	75 - 84	16.3		83.7
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	59.2	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	18.4	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	6.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	20.4	65 & Over	100.0		
Transportation	No	Cerebrovascular	14.3			RNs	18.1
Referral Service	No	Diabetes	4.1	Gender	용	LPNs	3.4
Other Services	No	Respiratory	2.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	10.2	Male	18.4	Aides, & Orderlies	38.7
Mentally Ill	No	[Female	81.6		
Provide Day Programming for			100.0				
Developmentally Disabled	No	I			100.0		
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Method of Reimbursement

		Medicare			edicaid itle 19			Other		:	Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	164	19	65.5	130	0	0.0	0	9	60.0	164	0	0.0	0	0	0.0	0	33	67.3
Intermediate				10	34.5	107	0	0.0	0	6	40.0	164	0	0.0	0	0	0.0	0	16	32.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		29	100.0		0	0.0		15	100.0		0	0.0		0	0.0		49	100.0

Facility ID: 3080 County: Sauk Page 2 EDWARD SNYDER MEMORIAL NURSING HOME

Admissions, Discharges, and		Percent Distributio	on of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	용	As	sistance of	% Totally	Number of
Private Home/No Home Health	11.1	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		65.3	34.7	49
Other Nursing Homes	22.2	Dressing	8.2		79.6	12.2	49
Acute Care Hospitals	66.7	Transferring	32.7		55.1	12.2	49
Psych. HospMR/DD Facilities	0.0	Toilet Use	28.6		59.2	12.2	49
Rehabilitation Hospitals	0.0	Eating	69.4		22.4	8.2	49
Other Locations	0.0 *	*******	******	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	27	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	6.1	Receiving Resp	iratory Care	4.1
Private Home/No Home Health	25.0	Occ/Freq. Incontine	ent of Bladder	18.4	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	ent of Bowel	2.0	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0				Receiving Osto	my Care	2.0
Acute Care Hospitals	7.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ned	0.0	Receiving Mech	anically Altered Diet	s 18.4
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	67.9	With Pressure Sores	3	4.1	Have Advance D	irectives	85.7
Total Number of Discharges	i	With Rashes		6.1	Medications		
(Including Deaths)	28				Receiving Psyc	hoactive Drugs	65.3

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	Facility	Based F	Pacilities	Fac	ilties	
	용	용	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	90.1	1.11	87.4	1.14	
Current Residents from In-County	85.7	83.8	1.02	76.7	1.12	
Admissions from In-County, Still Residing	59.3	14.2	4.19	19.6	3.02	
Admissions/Average Daily Census	54.0	229.5	0.24	141.3	0.38	
Discharges/Average Daily Census	56.0	229.2	0.24	142.5	0.39	
Discharges To Private Residence/Average Daily Census	14.0	124.8	0.11	61.6	0.23	
Residents Receiving Skilled Care	67.3	92.5	0.73	88.1	0.76	
Residents Aged 65 and Older	100.0	91.8	1.09	87.8	1.14	
Title 19 (Medicaid) Funded Residents	59.2	64.4	0.92	65.9	0.90	
Private Pay Funded Residents	30.6	22.4	1.36	21.0	1.46	
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00	
Mentally Ill Residents	40.8	32.9	1.24	33.6	1.22	
General Medical Service Residents	10.2	22.9	0.44	20.6	0.50	
Impaired ADL (Mean)*	44.9	48.6	0.92	49.4	0.91	
Psychological Problems	65.3	55.4	1.18	57.4	1.14	
Nursing Care Required (Mean) *	4.3	7.0	0.62	7.3	0.59	